FEC FORM 1

## STATEMENT OF ORGANIZATION

| FORM 1                                   |                          | ORGANIZATION                          |              |   |                 |        |   |  |
|--|--------------------------|---------------------------------------|--------------|---|-----------------|--------|---|--|
|  |                          | (See instructions)                    |              |   | Office use only |        |   |  |
| 1. NAME OF<br>COMMITTEE (                | in full)                 | (Check if name is changed)            | Exan<br>over | nple: If typying, type<br>the lines   | 12FE4M          | 5      |   |  |
| Calpine Cor                              | ooration PAC             |                                       |              |   |                 |        |   |  |
|  | . 50 M                   | /oot Con Formands                     | Ctua         |   |                 |        |   |  |
| ADDRESS (number a                        | nd street)               | est San Fernando                      | Siree        | ;;<br>  |                 |        |   |  |
| (Check if address is changed)            |                          | Jose                                  |              |   | CA              | 95113  | -                                       |  |
|  |                          | (                                     | CITY         |   | STATE           | ZIP Co | ODE 📥                                   |  |
| COMMITTEE'S E-M                          | IAIL ADDRESS (Please     | e provide only one e-m                | ail addre    | ess)  |                 |        |   |  |
| (Check if address is changed)            | ess <b>eile</b>          | nk@calpine.com                        |              |   |                 |        | لـــــــا                               |  |
|  |                          |                                       |              |   |                 |        |   |  |
| COMMITTEE'S WE                           | B PAGE ADDRESS (U        | IRL)                                  |              |   |                 |        |   |  |
| (Check if addr                           | ess                      |                                       |              |   |                 | 1111   |   |  |
| is changed)                              | ــــا                    |                                       |              |   |                 |        | لــــــــــــــــــــــــــــــــــــــ |  |
|  |                          |                                       |              |   |                 |        |   |  |
| 2. DATE 0                                | M / D D / Y              | <sup>Y</sup> 2 0 0 9 <sup>Y</sup>     |              |   |                 |        |   |  |
| 3. FEC IDENTIFICATION NUMBER C C00362640 |                          |                                       |              |   |                 |        |   |  |
| 4. IS THIS STATE                         | EMENT NEV                | V (N) OR                              | X            | AMENDED (A)   |                 |        |   |  |
| I certify that I have exa                | mined this Statement and | I to the best of my knowl             | edge an      | d belief it is true, correct and  | d complete      |        |   |  |
| Type or Print Name                       | of Transurer             | Joseph E. Ronan,                      | Jr.          |   |                 |        |   |  |
| Type or Print Name                       | or rreasurer             | , , , , , , , , , , , , , , , , , , , |              |   |                 |        |   |  |
| Signature of Treasur                     | er Electronically File   | ed by Joseph E. F                     | Ronan,       | Jr.   | Date 0          | 3 D 23 | 2009                                    |  |
| NOTE: Submission of                      |                          |                                       |              | ne person signing this State  |                 |        | 6437g.                                  |  |
| Office<br>Use<br>Only                    |                          |                                       |              | For further information c<br>Federal Election Commiss<br>Toll Free 800-424-9530<br>Local 202-694-1100 |                 | FEC FC |   |  |